

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO 107031675	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1							
2		1						
3		2						
4	10							
5	11							
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43	48							
44	49							
45	50							
TOTAL INC.	2							
TOTAL DEP.	18	↓	↓	↓	↓			
TOTAL CLAIMS	20							